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TRANSMITTAL FORM

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Total Number of Pages in This Submission

Application Number	10/628,692
Filing Date	July 28, 2003
First Named Inventor	Brent L. Atkinson et al.
Art Unit	1651
Examiner Name	Ruth A Davis
Attorney Docket Number	CRM-P15F/P

ENCLOSURES (Check all that apply)

<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD <div>Remarks</div>	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Return Receipt Post Card
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SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	James B. Bieber, Esquire, DENTSPLY International Inc.		
Signature			
Printed name	James B. Bieber, Esquire		
Date	September 21, 2006	Reg. No.	28054

CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below:

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PATENT
CRM-P15F/P

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

PATENT APPLICATION: Brent L. Atkinson et al.

Serial No. 10/628,692

Art Unit: 1651

Filed: July 28, 2003

Examiner: Ruth A Davis

For: BONE REPAIR PUTTY

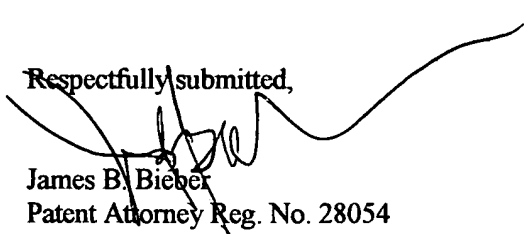
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RESPONSE TO RESTRICTION REQUIREMENT

In response to the Restriction Requirement, the Applicant hereby elects claims 1 - 14 and 19. Please cancel claims 15 - 18 without prejudice or disclaimer and subject to the Applicants' right to file continuing applications directed to the subject matter thereof.

Should the Examiner care to discuss any of the foregoing in greater detail, the undersigned attorney would welcome a telephone call.

Respectfully submitted,


James B. Bieber
Patent Attorney Reg. No. 28054

JBB/kfm
September 21, 2006

Address of signer:

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